

Sample Outbreak Questionnaire Template

Last name: _____ First Name: _____

Age: _____ Sex: M F Phone Number: () _____

Occupation(s): _____

**Note*-If this is a school outbreak you might want to consider adding grade and teacher*

Have you been ill? Y N

Were you ill since (*insert date of event*)? Y N

Regardless of your illness status, please answer ALL questions below:

Did you have: Circle one

Diarrhea? Y N Maximum number of times: _____ in 24 hours

Bloody? Y N

Watery? Y N

Vomiting? Y N Maximum number of times: _____ in 24 hours

Nausea? Y N

Abdominal cramps? Y N

Headache? Y N

Fever/Chills? Y N

Muscle Aches? Y N

Fatigue? Y N

Other symptoms? Y N

If yes, please specify: _____

What was your first symptom? _____

What was your worst symptom? _____

When did your illness start? Date: _____
Time: _____ AM PM (circle)

When were you able to resume your normal activities? Date: _____
Time: _____ AM PM (circle)

Did you see a health care provider? Y N Date seen? _____

Physician's name: _____ Physicians Phone Number: _____

Was a stool culture taken? Y N By whom: _____

Results: _____ Were any other lab tests done? Y N

Insert event specific information below

Where did you eat:

Date, Day 1: Breakfast? _____

Lunch? _____

Supper? _____
Snacks? _____

Did you attend any other events, activities or gatherings on Date, Day 1? Y N
If yes, what and where? _____

Where did you eat: Date, Day 2: Breakfast? _____
Lunch? _____
Supper? _____
Snacks? _____

Did you attend any other events, activities or gatherings on Date, Day 2? Y N
If yes, what and where? _____

Where did you eat: Date, Day 3: Breakfast? _____
Lunch? _____
Supper? _____
Snacks? _____

Did you attend any other events, activities or gatherings on Date, Day 3? Y N
If yes, what and where? _____

Did you attend (insert event here) on day, date? Y N

If yes, what time did you eat at the event? Time: _____ AM PM

If yes,

Did you eat:

* Establishing ranges for serving size can reduce variability of how respondents classify the portions consumed. For example:

Bread	Y	N	# of slices _____
Carrots	Y	N	# of servings _____
Serving size= [1-5 sticks=1, 6-10 sticks=2, 11-15 sticks=3, 16 or more=4]			
Potato Salad	Y	N	# of servings _____
Serving size= [1-2 Tbsp=1, 3-4 Tbsp=2, 5-6 Tbsp=3, 6+ Tbsp=4]			
Menu item	Y	N	# of servings _____
Menu item	Y	N	# of servings _____
Menu item	Y	N	# of servings _____
Continue			

Any other food or drink at the event? Y N

If yes, specify: _____
of servings _____

If Ill:

What you you think made you ill? _____

Did you notice anything unusual about the food or drinks served at the event? Y N

If so, what: _____